Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *
Password: *
Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Home Health II	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1:
Street 2:
City:
State:
Zip: -
County: Required if KY address

Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: ASC2
Survey Year: 2013

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Ambulatory Surgery II

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

INTRODUCTION: The Kentucky Annual Survey of Ambulatory Surgical Services is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR). The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be complete and accurate before this survey will be considered acceptable. Surveys are due March 15, ~~2014.~~ (SRVYR+1)

All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data are set forth in 900 KAR 6:125.

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY. Compare this survey to surveys previously submitted for consistency and comparability.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General for a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Beth Morris at (502) 564-9592 or email BethA.Morris@ky.gov.

DEFINITIONS: In all instances, unless otherwise specified, the terms used in this survey are the same as those found in the American Hospital Association AHA Hospital ~~2005~~ 2013 Edition.

The Ambulatory Surgical Services Survey has been updated to include data collection for Procedure Rooms. Section I is to include only data for an Ambulatory OR. Section II is to include data for surgical procedures that were performed only in a Procedure Room. Do not duplicate data. CON at this time only uses Ambulatory OR data.

Include only Ambulatory Surgical Operations that have been performed in an operating room in Section I and indicate the number of ambulatory surgery opearations performed by major service category.

Include only Ambulatory Surgical Procedures that have been performed in a procedure room in Section II and indicate the number of ambulatory surgical procedures performed by major service category.

Continue

Contact Information

Beth A. Morris
Office of Health Policy
Cabinet for Health and Family Services
(502) 564-9592 x 3156
BethA.Morris@ky.gov

SRVYR) ~~2013~~ Ambulatory Surgery II Survey

Section I: Ambulatory Surgery Data - Operating Room's

A. Ambulatory Surgical Operations (excluding heart)

Identification #: 000100
Facility: Example Facility

- Defined as discrete patient encounters, whether major or minor, performed only in the operating room(s). A surgical operation can involve one or more surgical procedures, but is still considered only one operation. Unless specific procedures are asked for, operations should be reported. Do not include injections.
- Sec I: A-E Should not include procedure room data.

* Endoscopic Surgery should include but not limited to the following; Laparoscopy, Thoracoscopy, Rhinoscopy, Otoscopy, Cystoscopy and Colonoscopy. Only include those that are invasive and performed in an ambulatory OR.

1. Orthopedic surgery	0
2. Plastic Surgery	0
3. ENT Surgery	0
4. Ophthalmological Surgery	0
5. Urologic Surgery	0
6. Gynecological Surgery	0
7. Endoscopic Surgery (not included above 1 - 6) *	0
8. All Other Surgery	0
Total Ambulatory Surgery Operations	0 Calculate

B. Utilization - Capacity

- Total # operating rooms: Defined as the # of existing operating rooms which currently meet all state and federal requirements (including but not limited to mechanical engineering requirements for temperature, relative humidity, filter efficiency, pressure relationships and ventilation).

* Number of current operating rooms for your facility (if the actual number varies, please provide an explanation)

1. Number of Ambulatory Operating Rooms (Exclusive Ambulatory use), Excluding Cystoscopy Rooms	0
2. Number of Cystoscopy Rooms	0
3. Number of Patients Served during the Reporting Period	0
4. Total number of Hours/Typical Week Your Facility was Open (Hrs surgery staffed)	0

C. Service Time

1. Total Surgical Hours (REPORT IN WHOLE HOURS)	0
2. Average clean-up time between operations (REPORT IN WHOLE MINUTES)	0

D. Non-surgical Procedures

All Non-surgical procedures include any procedure in an operating room, which is not classified by your facility as surgical to be non-surgical.	0

E. Pain Management

Number of pain management cases performed in an ambulatory OR. (Please list types of pain	0

management procedures in comment box.)

Comment

You've entered 0 characters of 1000

Save

(RVYR) ~~2013~~ Ambulatory Surgery II Survey

Section II: Procedure Room Data

A. Ambulatory Procedure (excluding heart)

Identification #: 000100
Facility: Example Facility

- Defined as discrete patient encounters, whether major or minor, performed only in the procedure room(s). A surgical procedure can involve one or more procedures, but is still considered only one operation. Unless specific procedures are asked for, the number of operations should be reported. Do not include injections.
- Sec II: A - E should include procedure room data only.

* Endoscopic Surgery should include but not be limited to the following; Laparoscopy, Thoracoscopy, Rhinoscopy, Otoscopy, Cystoscopy and Colonoscopy. Only include those that are performed in a procedure room.

1. Orthopedic Surgical Procedure	0
2. Plastic Surgical Procedure	0
3. ENT Surgical Procedure	0
4. Ophthalmological Surgical Procedure	0
5. Urologic Surgical Procedure	0
6. Gynecological Surgical Procedure	0
7. Endoscopic Surgical Procedure (not included above 1-6)*	0
8. All Other Surgical Procedure	0
Total Ambulatory Surgical Procedure	0 Calculate

B. Utilization - Capacity

1. Number of Ambulatory Procedure Rooms, (exclusive procedure room use). Excluding Cystoscopy Rooms as of December 31 (exclusive outpatient Rooms)	0
2. Number of Endoscopy Rooms (not included in Number of Ambulatory Procedure Rooms.)	0
3. Number of Patients Served in a procedure room during the Reporting Period	0
4. Total number of hours/typical week the procedure room was operational?	0

C. Service Time

1. Total Procedure Hours (REPORT IN WHOLE HOURS)	0
2. Average clean-up time between procedures (REPORT IN WHOLE MINUTES)	0

D. Procedures

All non-surgical procedures performed in a procedure room. Include any procedure in an procedure room, which is not classified by your facility as surgical to be non-surgical.	0

E. Pain Management

Number of Pain management cases performed in procedure room. (Please list types of pain management procedures in the comment box.)	0

Comment

You've entered 0 characters of 1000

Save

Ambulatory Surgery II Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2013	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Home Health II

Kentucky Health Survey Registry

Welcome

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Re-enter Password: *

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Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
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Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1:
Street 2:
City:
State:
Zip:
County: Required if KY address

Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: HH2
Survey Year: 2013

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Home Health II

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

INSTRUCTIONS

The Kentucky Annual Survey of Licensed Home Health Services is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~ (SRVYR+1). All survey extension requests must be approved by the Office of Health Policy.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Sheena Eckley (502) 564-9592 or email sheena.eckley@ky.gov.

GENERAL INSTRUCTIONS

The Cabinet for Health and Family Services is collecting home health data for the January 1 through December 31, ~~2013~~ (SRVYR-1) survey period. The survey consists of four sections to collect data from Home Health Services, ESPDT, HCBS Waiver, Model Waiver II and Private Duty Nursing. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in ~~2013~~ (SRVYR). Please report the required data by the following definitions for each section.

Traditional Home Health Services

This section should only include data regarding traditional home health services. Do not include EPSDT, HCBS or Model Waiver II. Private Duty Nursing provided under your home health services license should be included in this section where indicated.

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) - December 31, ~~2013~~ (SRVYR)

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, ~~2013~~ (SRVYR), by county. (Patients carried over from ~~2012~~ (SRVYR-1))

Admissions During ~~2013~~ (SRVYR) - Enter the total number of admissions made from January 1, ~~2013~~ (SRVYR) to December 31, ~~2013~~ (SRVYR), by county (including re-admissions).

Discharges During ~~2013~~ (SRVYR) - Enter the number of total discharges (including deaths) made from January 1, ~~2013~~ (SRVYR) to December 31, ~~2013~~ (SRVYR), by county.

Ending Census - Enter the number of unduplicated patients admitted for services as of December 31, ~~2013~~ (SRVYR), by county. (Beginning Census + Admissions - Discharges = Ending Census).

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was seen by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period, i.e., a patient seen during this period should be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the Traditional Home Health census. Traditional Home Health Private Duty Nursing should be counted separately by age groups.

Number of Patients and Visits by Service by County: Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

Traditional Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Traditional Private Duty Nursing services are those that are provided under the Home Health license. Do not include Private Duty Nursing Services under EPSDT.

Home Health Notes:

Home Health patients are defined as those receiving a skilled or non-skilled home health service provided under physician's orders. A Home Health visit is defined as services provided by a trained nurse, through a licensed home health agency, who gives medical care and advice to patients in their place of residence that is prescribed by the patient's attending physician as part of a written plan of care.

EPSDT - Early Periodic Screening and Diagnostic Testing

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) - December 31, ~~2013~~ (SRVYR): Enter census data for EPSDT services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include EPSDT therapy services data only. EPSDT Private Duty Nursing services provided should be included in this section where indicated.

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was served under EPSDT therapy services and/or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

Number of EPSDT Patients and Visits by Service by County: Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

EPSDT Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. EPSDT Private Duty Nursing services are those that are provided under the Home Health license number.

HCBS Waiver - Home and Community Based Services Waiver

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) - December 31, ~~2013~~ (SRVYR): Enter census data for HCB Waiver services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include HCB Waiver service data only.

Number of HCB Waiver Service Patients Served by Age Group by County: Count one time each unduplicated patient who received any HCB Waiver services during this period. A patient should be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver service census.

Number of HCB Waiver Service Patients and Visits by Service by County: Enter the number of HCB Waiver service patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county.

Number of HCB Waiver Service Assessments: Enter the number of HCB assessments performed by county. Provide data for those determined to be ineligible, eligible and referred to CDO.

Model Waiver II Services

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) - December 31, ~~2013~~ (SRVYR): Enter census data for Model Waiver II services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include Model Waiver II services data only.

Number of Model Waiver II Patients Served by Age Group by County: Count one time each unduplicated

patient who was served under Model Waiver II during this period. A patient should be counted once. Enter the correct number of patients served in the appropriate age group and county. Leave all other cells blank. The total patients served should not be greater than the beginning census + admissions in the Model Waiver II census.

Number of Model Waiver II Patients and Units by Service by County: Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

Continue

Contact Information

Sheena R. Eckley
Office of Health Policy
Cabinet for Health and Family Services
502-564-9592 x 3153
sheena.eckley@ky.gov

(SRVYR) ~~2013~~ Home Health II Survey

County Selection

License Number: 000100 Agency: Example Facility

County *

Finished

Completed Counties

Completed County List for Traditional Home Health Services

	County	Beginning Census	Admissions	Discharges	Ending Census	

(SRVYR) ~~2013~~ Home Health II Survey

Section I: Traditional Home Health Services

License Number: 000100 Agency: Example Facility County:

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) December 31, ~~2013~~ (SRVYR):
This section should only include data regarding traditional home health services and traditional Private Duty Nursing. Do not include EPSDT, HCBS or Model Waiver II. Private Duty Nursing provided under traditional home health services should be reported in separate census and service category.

Agency Census, Admissions & Discharges Jan 1, ~~2013~~ (SRVYR) Dec 31, ~~2013~~ (SRVYR): HHA

Enter census data for Traditional Home Health services. Do not include Private Duty Nursing services census in this area.

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Agency Census, Admissions & Discharges Jan 1, ~~2013~~ (SRVYR) Dec 31, ~~2013~~ (SRVYR): PDN

Enter census data for Traditional Home Health Private Duty Nursing services.

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Number of Patients Served by Age Group by County:

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was served by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period. The total patients served should not be greater than the beginning census + admissions in each category. Traditional Private Duty Nursing should be counted separately by age groups.

Age Groups	Home Health	Private Duty Nursing
Ages <1	0 *	0 *
Ages 1-5	0 *	0 *
Ages 6-14	0 *	0 *
Ages 15-20	0 *	0 *
Ages 21-32	0 *	0 *
Ages 33-44	0 *	0 *
Ages 45-64	0 *	0 *
Ages 65-74	0 *	0 *
Ages 75-84	0 *	0 *
Ages 85+	0 *	0 *
Total Patients Served	0	0 Calculate

Number of Patients and Visits by Service by County:

Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

Traditional HH Services	Patient Served	Number of Visits
Skilled Nursing	0 *	0 *
Home Health Aide	0 *	0 *
Physical Therapy	0 *	0 *
Occupational Therapy	0 *	0 *
Speech Therapy	0 *	0 *

Traditional Private Duty Nursing:

Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

Traditional Private Duty Nursing	Patient Served	Units in 1 hr Increments
RN	0 *	0 *
LPN	0 *	0 *
Nursing Assistant	0 *	0 *

Traditional Home Health Comment:

You've entered 0 characters of 1000

Traditional Private Duty Nursing Comment:

You've entered 0 characters of 1000

Save

(SRVYR) ~~2013~~ Home Health II Survey

Section II: EPSDT - Early Periodic Screening and Diagnostic Testing

License Number: 000100 Agency: Example Facility County:

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRVYR) December 31, ~~2013:~~ (SRVYR)
This section should include EPSDT services data only.

Agency Census, Admissions & Discharges Jan 1, ~~2013~~ (SRVYR) Dec 31, ~~2013:~~ (SRVYR)

Enter census data for EPSDT therapy services. Enter beginning census, admissions, discharges and ending census.

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Agency Census, Admissions & Discharges Jan 1, ~~2013~~ (SRVYR) Dec 31, ~~2013:~~ (SRVYR)

Enter census data for EPSDT Private Duty Nursing Services only.

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Number of Patients Served by Age Group by County:

Count one time each unduplicated patient who was served under EPSDT therapy and/or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

Age Groups	EPSDT Therapy	EPSDT Private Duty Nursing
Ages <1	0 *	0 *
Ages 1-5	0 *	0 *
Ages 6-14	0 *	0 *
Ages 15-20	0 *	0 *
Ages 21-32	0 *	0 *
Ages 33-44	0 *	0 *
Ages 45-64	0 *	0 *
Ages 65-74	0 *	0 *
Ages 75-84	0 *	0 *
Ages 85+	0 *	0 *
Total Patients Served	0	0 Calculate

Number of EPSDT Patients and Visits by Service by County:

Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

EPSDT Services Only	Patient Served	Number of Visits
Physical Therapy	0 *	0 *
Occupational Therapy	0 *	0 *
Speech Therapy	0 *	0 *

EPSDT Private Duty Nursing Services:

Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

EPSDT Only Private Duty Nursing	Patient Served	Units in 1 hr Increments
RN	0 *	0 *
LPN	0 *	0 *
Nursing Assistant	0 *	0 *

EPSDT Comment:

You've entered 0 characters of 1000

EPSDT Private Duty Nursing Comment:

You've entered 0 characters of 1000

Save

(SRYYR) ~~2013~~ Home Health II Survey

Section III: HCBS Waiver - Home And Community Based Services Waiver

License Number: 000100 Agency: Example Facility County:

Agency Census, Admissions & Discharges January 1, ~~2013~~ (SRYYR) December 31, ~~2013~~ (SRYYR):
This section should only include data regarding HCB Waiver.

Agency Census, Admissions & Discharges Jan 1, ~~2013~~ (SRYYR) Dec 31, ~~2013~~ (SRYYR):

Enter census data for HCB Waiver services. Enter beginning census, admissions, discharges and ending census.

Census -HCB Waiver Services Only

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Number of HCB Waiver Patients Served by Age Group by County:

Count one time each unduplicated patient who received any HCB Waiver service. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver services census.

Age Groups	HCB Waiver
Ages <1	0 *
Ages 1-5	0 *
Ages 6-14	0 *
Ages 15-20	0 *
Ages 21-32	0 *
Ages 33-44	0 *
Ages 45-64	0 *
Ages 65-74	0 *
Ages 75-84	0 *
Ages 85+	0 *
Total Patients Served	0 Calculate

Number of HCB Waiver Service Patients and Visits by Service by County:

Enter the number of HCB Waiver service patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county.

HCB Waiver Service Only	Patient Served	Number of Units
Personal Care (1/2 Hour Increments)	0 *	0 *
Respite Care (1 Hour Increments)	0 *	0 *
Attendant Care (1 Hour Increment)	0 *	0 *
Case Management (1/4 Hour Increments)	0 *	0 *

Home Maker (1/2 Hour Increments)	0 *	0 *

Number of HCB Waiver Service Assessments:

Enter the number of HCB assessments performed by county. Provide data for those determined to be ineligible, eligible and referred to CDO.

HCBS Waiver Assessments	Initial Assessment	Reassessment
Determined Ineligible	0 *	0 *
Determined Eligible	0 *	0 *
Referred to CDO	0 *	0 *

HCB Waiver Service Comment:

You've entered 0 characters of 1000

Save

(SRVYR) ~~2013~~ Home Health II Survey

Section IV: Model Waiver II Services

License Number: 000100 Agency: Example Facility County:

Agency Census, Admissions & Discharges January 1, (SRVYR) ~~2013~~ - December 31, (SRVYR) ~~2013~~:
This section should only include data regarding Model Waiver II.

Agency Census, Admissions & Discharges Jan 1, (SRVYR) ~~2013~~ - Dec 31, (SRVYR) ~~2013~~:

Enter census data for Model Waiver II services. This section should include Model Waiver II services data only.

Beginning Census	0 *
Admissions	0 *
Discharges	0 *
Ending Census	0 Calculate

Number of Model Waiver II Patients Served by Age Group by County:

Count one time each unduplicated patient who was served under Model Waiver II. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the Model Waiver II census.

Age Groups	Model Waiver II
Ages <1	0 *
Ages 1-5	0 *
Ages 6-14	0 *
Ages 15-20	0 *
Ages 21-32	0 *
Ages 33-44	0 *
Ages 45-64	0 *
Ages 65-74	0 *
Ages 75-84	0 *
Ages 85+	0 *
Total Patients Served	0 Calculate

Number of Model Waiver II Patients and Units by Service by County:

Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

Model Waiver II Services Only	Patient Served	Units in 1hr Increments
LPN	0 *	0 *
RN	0 *	0 *

Model Waiver II Comment:

You've entered 0 characters of 1000

Save

Home Health II Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Hospice

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *
Password: *
Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Home Health II	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: HPC
Survey Year: 2012

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Hospice

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

INTRODUCTION

The Annual Hospice Services survey is required to be completed and submitted via the internet.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. All surveys must be received in a timely manner. Surveys are due March 15, ~~2014~~. (SRVYR+1) All survey extension requests must be approved by the Office of Health Policy.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are questions concerning the preparation of this survey, please contact Sheena Eckley of the Office of Health Policy at (502) 564-9592, ext. 3153 or email sheena.eckley@ky.gov.

By submitting this data you are certifying it is correct.

The following data must be reported:

1. County/counties served by your agency;

2. Beginning census - number of patients being served by your agency on January 1, ~~2013~~ (SRVYR);

3. Admissions - number of patients you admitted in ~~2013~~ (SRVYR) (excluding your beginning census), include readmissions. Note that admissions are separated into two categories, Total Admissions and Unduplicated Admissions. Community based hospice facilities are to include all admissions, including those admitted to the residential hospice facilities.

a. Total Admissions – should include readmissions. b. Unduplicated Admissions – all patients admitted to the program for the first time in the calendar year including transfers from other hospices (do not include re-admissions).

4. Deaths - patients should be separated into two categories (death due to cancer, death due to other causes) and total number of deaths;

5. Discharges - count of patients discharged to home, another facility, etc. (excluding deaths);

6. Ending census is determined as follows: (beginning census as of midnight December 31, ~~2012~~ (SRVYR-1) + admissions) - (deaths as of December 31, ~~2013~~ (SRVYR)) - (discharged patients excluding deaths);

7. Units of Service is broken down into two categories: Units of Service - Patients - the number of contacts a patient received from any type of hospice provider: i.e. social worker, RN or MD. It should not include volunteer visits or phone calls; and Units of Service - Bereavement Contacts - includes visits, phone visits, memorial services, and support groups. Within a bereavement support group each person in the group counts as one visit each time they attend a support group. A bereavement home visit to a patient with additional family members present counts as only 1 visit even if additional people are there. When counting bereavement only count what you can verify. When counting memorial services count each attendee as one unit of service in the county in which the memorial service was held. Please Note: Units of Service - Other is no longer collected.

Continue

Contact Information

Sheena R. Eckley
Office of Health Policy
Cabinet for Health and Family Services
(502)564-9592 x 3153
sheena.eckley@ky.gov

(SRVYR) ~~2013~~ Hospice Survey

Identification Information

Identification #: 000100
Facility: Example Facility

Comment

You've entered 0 characters of 500

Hospice survey information.

County	Begin Census	Total Admissions	Undup Admissions	Cancer Deaths	Other Deaths	Discharged	Ending Census	Days of Care	Patients	Bereavement	
	0	0	0	0	0	0	0	0	0	0	Delete
	0	0	0	0	0	0	0	0	0	0	Delete
	0	0	0	0	0	0	0	0	0	0	Delete

Utilization Data

County: *
Beginning Census: *
Total Admissions: *
Unduplicated Admissions: *
Cancer Deaths: *
Other Deaths: *
Discharged: *
Ending Census: *
Days of Care: *

Units of Service

Patients: *
Bereavement: *

Save Finished Review

Hospice Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
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~~2013~~	Hospital		Print Hospital
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~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Hospital

Kentucky Health Survey Registry

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Password: *
Re-enter Password: *

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Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

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Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
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Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: KY *
Zip: 40601 *-
County: FRANKLIN * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
2013		Ambulatory Surgery II		Print Ambulatory Surgery II
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2013		Hospice		Print Hospice
2013		Hospital		Print Hospital
2013		Long Term Care		Print Long Term Care
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2013		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2013		Positron Emission Tomography		Print Positron Emission Tomography
2013		Private Duty Nursing		Print Private Duty Nursing
2013		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: HPT
Survey Year: 2019

Respondent First Name: *
Respondent Last Name: *
Respondent Phone:
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Hospital

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR).

INTRODUCTION: The printable version of the survey is only for your convenience in completing the survey. Paper copies of the survey are not accepted by the Office of Health Policy. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. All data must be accurate and complete before the survey will be considered acceptable. Surveys are due March 15, ~~2014~~ (SRVYR+1). This survey is for the period January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR). You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General for a possible licensure deficiency. Retain a copy of the completed survey for your files. If there are any questions concerning the preparation of this survey, please contact Beth Morris (502) 564-9592 or BethA.Morris@ky.gov.

All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data are set forth in 900 KAR 6:125.

The Office of Health Policy is responsible for the development of the Kentucky Annual Hospital Utilization and Services Report. The data requested in this document represent data requirements approved by the Cabinet for Health and Family Services as set forth in 902 KAR 20:008 and 900 KAR 6:125.

Please retain a copy of the completed survey in your files for reference. It is not necessary to send a copy of the survey by mail. Surveys are accepted via the secure website submission only.

DEFINITIONS:
In all instances, unless otherwise specified, the terms used in this survey are the same as those found in the American Hospital Association AHA Hospital statistics, ~~2005~~ 2013 Edition. Two specific areas require caution - surgical operations versus procedures and emergency room and outpatient visits versus services.

Continue

Contact Information

Beth A. Morris
Office of Health Policy
Cabinet for Health and Family Services
(502) 564-9592 x 3156
BethA.Morris@ky.gov

(SRVNR) ~~2013~~ Hospital Survey

UTILIZATION BY SPECIFIC SERVICE

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Do not include births in the number of admissions or Level I newborn days in the number of inpatient days. Include deaths in the number of discharges.
- Utilization data for chemical dependency, physical rehabilitation, or long-term care inpatients should not be included in this section unless beds licensed as acute care beds or psychiatric care beds were used to provide those services. Critical Access Hospitals should only Section B - Psychiatric and Section F - Critical Access Hospital
- ~~CAH facilities do not complete line "D. Swing Beds". CAH Swing data is to be included on line 1. All other facilities include Swing data on line D.~~
- 23-hour or less observation patients should not be included in this section
- Line C should express your facility's acute & psychiatric care operation only (Line A + Line B) including intensive care and Level II, III & IV neonatal.
- If there is a # in the Admissions column, there must be a # in the Beds in Operation column.

Acute and Psychiatric Utilization

Service Unit A. Acute Care	Beds in Operation (At end of reporting Period)	Admissions (Exclude births)	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
1. Med/Surg. Adult and Peds	0	0	0	0	0
2. Obstetrics	0	0	0	0	0
3. ICU/CCU/Burn	0	0	0	0	0
4. Neonatal II/III/IV	0	0	0	0	0
A. Acute Care Total	0	0	0	0	0
B. Psych Care 1. Licensed or Allocated Child (0-12 Yrs) Psych	0	0	0	0	0
2. Licensed or Allocated Adolescent (13-17 Yrs) Psych	0	0	0	0	0
3. Licensed or Allocated Adult (18-64 Yrs) Psych	0	0	0	0	0
4. Licensed or Allocated Adult / Geriatric (65 Yrs & older) Psych	0	0	0	0	0
B. Psych Care Total	0	0	0	0	0
C. Total Acute Care and Psych Care	0	0	0	0	0
D. Swing Beds	0	0	0	0	0
E. LTACH Beds	0	0	0	0	0

E1. Facility where LTACH Beds are Located: 0

E2. Certification Holder for LTACH Beds: 0

Comment

You've entered 0 characters of 255

Save Continue

F. Critical Access Hosp
1. Critical Access Acute
2. Critical Access Swing
F. Critical Access Total

(SRVYR) ~~2013~~ Hospital Survey

Instructions Census Data

Identification #: 000100
Facility: Example Facility

- If number of licensed beds changed between the First Day of the Reporting Period and the Last Day of the Reporting Period, please give date and type of change by category in the comment box, e.g, 20 Acute Beds converted to 20 Psychiatric Beds March 14

Licensed beds are provided by the Office of the Inspector General (OIG) and can only be changed by OIG. If it is not correct, inform office of Health Policy. The General Psych Allocated As Dec 31, column should show how line 2, General Psych Dec 31, are allocated.

CENSUS DATA

Acute and Psychiatric Care census as of Midnight, December 31, ~~2012~~ (SRVYR-1)	0
December 31, ~~2013~~ (SRVYR)	0
Number of 23-Hour Observations Patients Jan 1 through December 31, ~~2013~~ (SRVYR)	0
How many patients were subsequently admitted?	0

Beds and Utilization by Licensure Category

Licensure Category	Number of Licensed Beds Jan 1, ~~2014~~ (Per ~~Licensing & Regulation~~) (SRVYR+1)	Number of Licensed Beds Jan 1, ~~2013~~ (SRVYR)	Number of Licensed Beds Dec 31, ~~2013~~ (SRVYR)	General Psych Allocated As ~~of~~ Dec 31 (SRVYR)
1. Acute Care (please read * below)	OIG	0	0	
1-A. Neonatal II		0	0	
1-B. Neonatal III		0	0	
1-C. Neonatal IV		0	0	
2. General Psych		0	0	
3. Child Psych		0	0	0
4. Adolescent Psych		0	0	0
5. Adult Psych		0	0	0
6. Geriatric Psych		0	0	0
7. Total License Psych		0	0	
8. Swing Beds		0	0	
9. LTACH Beds		0	0	

* INCLUDES Pediatric/Orthopedic, Neonatal II, III & IV Beds and Swing Beds.

10. Critical Access Hosp Beds

Comment

You've entered 1 characters of 255

Save Continue

SKNR ~~2013~~ Hospital Survey

Instructions Intensive Care Service

Identification #: 000100
Facility: Example Facility

- TRANSITIONAL CARE BEDS are not to be included (Special Care, Progressive Care, Step Down Beds, Etc.) in any of the Service Unit Categories for Intensive Care Below.

Intensive Care

Service Unit	Beds in Operation at End of Reporting Period	Patients	Number of Inpatient Days
1. Med/Surg ICU (include mixed ICU/CCU)	0	0	0
2. Pediatric ICU	0	0	0
3. Cardiac Intensive Care (CCU)	0	0	0
4. Burn Care	0	0	0

Neonatal Care (exclude newborn days)

Service Unit	Beds in Operation at End of Reporting Period	Patients	Number of Inpatient Days
1. Neonatal Intermediate Care (Level II)	0	0	0
2. Neonatal Intensive Care (Level III)	0	0	0
3. Neonatal Intensive Care (Level IV)	0	0	0

Newborn Service (include only Level I care)

Service Unit	Beds in Operation at End of Reporting Period
1. Bassinets in Operation	0
2. Total Births	0
3. Newborn Days	0

Comment

You've entered 0 characters of 255

Save Continue

(SRVYR) ~~2013~~ Hospital Survey

Instructions Chemical Dependency Care

Identification #: 000100
Facility: Example Facility

- Complete this section for the utilization of LICENSED Chemical Dependency beds only.
- Utilization data for acute care, psychiatric care, or physical rehabilitation inpatients should not be included in this section unless beds licensed as chemical dependency were used to provide those services.

Chemical Dependency Care Utilization by Service

Account for the unduplicated utilization of all beds licensed for chemical dependency care which are set up and staffed for use (beds in operation) regardless of their actual use. For example, if a patient is admitted to detox, was transferred to rehab and then discharged, that would count as one admission and one discharge.

Service Unit	Chemical Dependency Jan 1 - Dec 31, ~~2013~~ (SRVYR)
Beds in Operation (at end of reporting period)	0
Number of Admissions	0
Number of Inpatient Days	0
Number of Discharges	0
Number of Discharge Days	0

Chemical Dependency Care Census Data

Chemical Dependency census as of midnight (SRVYR-1)

Dec 31, ~~2012~~ (SRVYR)	0
Dec 31, ~~2013~~	0

Chemical Dependency Care Licensure Category

Licensed beds as of Jan 1, ~~2014~~ (per licensing and regulation) (SRVYR+1)	(SRVYR)
Number of Licensed Beds Jan 1, ~~2013~~	0
Number of Licensed Beds Dec 31, ~~2013~~ (SRVYR)	0

Chemical Dependency Care Comment

If number of licensed beds for Chemical Dependency changed between the first day of the reporting period and the last day of the reporting period, give date(s) of changes() in comment box:

Comment

You've entered 0 characters of 255

Save Continue

SRVYR ~~2013~~ Hospital Survey

Instructions

Identification #: 000100
Facility: Example Facility

- Account for the utilization of all beds used for chemical dependency care regardless of their actual licensed category. For example, if a patient is admitted to a psychiatric care bed and treated for chemical dependency, then you should complete this section.

Chemical Dependency Care Utilization

Chemical Dependency Care Utilization

Utilization/ Service	Detox Beds in Operation	Detox Admissions	Detox Inpatient Days	Rehab Beds in Operation	Rehab Admissions	Rehab Inpatient Days
Alcoholism Only by Admissions	0	0	0	0	0	0
Alcoholism & Drugs by Admissions	0	0	0	0	0	0
Drugs Only by Admissions	0	0	0	0	0	0
Others (Specify) by Admissions	0	0	0	0	0	0
Total by Admissions	0	0	0	0	0	0
Children (0-12) by Age	0	0	0	0	0	0
Adolescents (13-17) by Age	0	0	0	0	0	0
Adults (18 & older)	0	0	0	0	0	0
Total by Age	0	0	0	0	0	0

Comment

You've entered 0 characters of 255

Save Continue

(SRVYR) ~~2013~~ Hospital Survey

Instructions Physical Rehabilitation Care

Identification #: 000100
Facility: Example Facility

- Complete this section only for the utilization of beds licensed for physical rehabilitation care.
- Complete all items. If there are no data for an item, please use zero.
- Utilization data for acute care, psychiatric care, or chemical dependency inpatients should not be included in this section unless beds licensed as physical rehabilitation beds were used to provide those services.

Physical Rehabilitation Care Utilization by Service

Account only for the unduplicated utilization of all beds licensed for physical rehabilitation care which are set up and staffed for use (beds in operation) regardless of their actual use.

Service Unit	Physical Rehabilitation Jan 1 - Dec 31, ~~2013~~ (SRVYR)
Beds in Operation (at end of reporting period)	0
Number of Admissions	0
Number of Inpatient Days	0
Number of Discharges	0
Number of Discharge Days	0

Physical Rehabilitation Care Census Data

Physical Rehabilitation census as of midnight	
Dec 31, ~~2012~~ (SRVYR-1)	0
Dec 31, ~~2013~~ (SRVYR)	0

Physical Rehabilitation Care Licensure Category

Licensed beds as of Jan 1, ~~2014~~ (per licensing and regulation) (SRVYR+1)	
Number of Licensed Beds Jan 1, ~~2013~~ (SRVYR)	0
Number of Licensed Beds Dec 31, ~~2013~~ (SRVYR)	0

Physical Rehabilitation Care Comment

If number of licensed beds for physical rehabilitation changed between the first day of the reporting period and the last day of the reporting period, give date(s) of changes() in comment box:

Comment

You've entered 0 characters of 255

Save Continue

(5YR) ~~2013~~ Hospital Survey

Instructions Surgical Services, Lithotripter and CT Services

Identification #: 000100
Facility: Example Facility

- Total Surgical hours are defined as the time that the operating room was in actual use. Do not include scheduled time, available time, and/or clean-up time.
- Average Clean-up time between operations is to be reported in minutes.
- 1. Include heart transplant operations in the total of all heart surgical operations.
- 2. Angioplasty should not be counted as open heart surgery.
- *Surgical Operations: Defined as discrete patient encounters, whether major or minor, performed in the operating room(s). A surgical operation can involve one or more surgical procedures, but is still considered only one operation. Unless specific procedures are asked for, operations should be reported.
- Total # operating rooms: Defined as the # of existing operating rooms which currently meet all state and federal requirements (including but not limited to mechanical engineering requirements for temperature, relative humidity, filter efficiency, pressure relationships and ventilation).
- **Outpatient Visit: Defined as visits by patients who are not lodged in the hospital while receiving medical, dental, or other services. A visit consists of one or more occasions of service. Below under E. Outpatient Utilization do not include labs in the Other Outpatient Visits. Example: Sue was seen for three tests on June 1. All three tests were in different departments. Sue had one actual visit.
- Lithotripter and CT sections: use a zero if no services is provided, If a mobile is use still give # of devices used. The mobile provider must be listed.

A. Heart Surgical Operations

1. Adult Open-heart Operations *	0
2. Pediatric Open-Heart Operations *	0

B. Inpatient Surgical Operations

1. Inpatient Surgical Operations * (excluding heart)	0

C. Operating Room

1. Heart operating rooms (Dedicated to heart)	0
2. Inpatient operating rooms (exclusive inpatient use)	0
3. Operating rooms (non-exclusive use ONLY). Do not include cystoscopy rooms.	0
4. Cystoscopy rooms. Not include in C-3 operating rooms.	0

D. Service Time (Inpatient Operating Rooms)

1. Total Surgical Hours (Report in whole hours)	0
2. Average Clean-up time (Report in whole minutes; ie. 15)	0

E. Outpatient Utilization (Do NOT include ambulatory surgery utilization and do not include labs in other outpatient visits.)

1. Emergency Room visits **	0
2. Other outpatient visits **	0
3. Laboratory outpatient visits	0

F. Lithotripter Procedures (ESWL)

Lithotripter Mobile Devices	○ Yes ○ No
1. Lithotripter Units (Number of Devices)	0
2. Biliary Procedures	0
3. Renal Procedures	0

G. CAT Scans

CT Mobile Devices	○ Yes ○ No
1. Total CT units (Number of Devices)	0
2. Total CT Scan Procedures (Head and Body)	0

Name of Mobile Unit Service(s) used/Comment

Lithotripter:

CT Scanner:

Comment

You've entered 0 characters of 255

Save Continue

(SRVYR) ~~2013~~ Hospital Survey

Cardiac Catheterization Procedure Section

Identification #: 000100
Facility: Example Facility

Hospitals are no longer required to complete the Therapeutic and Diagnostic Cardiac Catheterization Procedures portion of the Annual Hospital Utilization Survey. This change has been implemented as a result of changes in the 2010 – 2012 State Health Plan which was implemented in September 2010. The State Health Plan ~~new~~ specifies that cardiac catheterization utilization will be determined from administrative claims data submitted by hospitals as required by 900 KAR 7:030 – Data Reporting by Health Care Providers and be published in the Kentucky Annual Administrative Claims Data Report. - Cardiac Catheterization Report.

The Kentucky Annual Administrative Claims Data Report will use the administrative claims data to determine utilization. It will also use the Certificate of Need Inventory of Health Facilities and Services to determine the number of cardiac catheterization labs that have received CON approval. Please review this list on our web site at: http://chfs.ky.gov/ohp/con/ and notify the Office of Health Policy, Certificate of Need at 502-564-9589 to resolve any discrepancies.

Comment

Comment

You've entered 0 characters of 255

Save Continue

~~2013~~ Hospital Survey

Instructions Transplant Procedures

Identification #: 000100
Facility: Example Facility

- Please indicate the number of transplant procedures by organ site and age of the recipient. The criteria for determining whether a transplant to a person 14-17 years old is to be classified as an adult or pediatric transplant rests with the hospital staff.

Transplant Procedures Heart

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Heart/Lung

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Lung

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Bone Marrow

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Kidney

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Liver

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Transplant Procedures Pancreas

Adult 14-17 Yrs:	0
Adult 18 & Older Yrs:	0
Pediatric 0-13 Yrs:	0
Pediatric 14-17 Yrs:	0

Comment

You've entered 0 characters of 255

Save Continue

Hospital Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

SRVYR 2019 Private Duty Nursing Services

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *
Password: *
Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Home Health II	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: PDN
Survey Year: 2019

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Private Duty Nursing

This survey is for the reporting period: January 1, (SRVYR) ~~2013~~ through December 31, (SRVYR) ~~2013~~.

INTRODUCTION

The Kentucky Annual Survey of Licensed Private Duty Nursing Agencies is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~. (SRVYR+1) All survey extension requests must be approved by the Office of Health Policy.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Sheena Eckley (502) 564-9592 or email sheena.eckley@ky.gov.

The Cabinet for Health and Family Services is collecting Private Duty Nursing data for the January 1 through December 31, ~~2013~~ (SRVYR) survey period. The survey consists of three sections to collect data from Private Duty Nursing only. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in ~~2013~~ (SRVYR). Please report the required data by the following definitions for each section.

SECTION I

Agency Census, Admissions & Discharges January 1, (SRVYR) ~~2013~~ - December 31, (SRVYR) ~~2013~~

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, ~~2013~~ (SRVYR), by county. (Patients carried over from ~~2012~~ (SRVYR-1))

Admissions During ~~2013~~ (SRVYR) - Enter the total number of admissions made from January 1, ~~2013~~ (SRVYR) to December 31, ~~2013~~, by county (including re-admissions).

Discharges During ~~2013~~ (SRVYR) - Enter the number of total discharges (including deaths) made from January 1, ~~2013~~ (SRVYR) to December 31, ~~2013~~, by county.

Ending Census - Enter the number of unduplicated patients admitted for service as of December 31, ~~2013~~ (SRVYR), by county. (Beginning Census + Admissions - Discharges = Ending Census).

SECTION II

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who received services by a Skilled Nurse (RN/LPN) or a Nursing Assistant during the reporting period, i.e., a patient seen during this period should be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the Private Duty Nursing census.

SECTION III

Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Private Duty Nursing services are those that are provided under the agencies license.

Continue

Contact Information

Sheena R. Eckley
Office of Health Policy
Cabinet for Health and Family Services
502-564-9592 x 3153
sheena.eckley@ky.gov

(SRVYR) ~~2013~~ Private Duty Nursing Survey

County Selection

License Number: 000100 Agency: Example Facility

County *

Completed Counties

Completed County List for Private Duty Nursing Services

	County	Beginning Census	Admissions	Discharges	Ending Census

Finished

(SRVYR) ~~2013~~ Private Duty Nursing Survey

County Selection

License Number: 000100 Agency: Example Facility

County *

Section I: Census

Agency Census, Admissions & Discharges January 1, (SRVYR) ~~2013~~ December 31, (SRVYR) ~~2013~~ Enter census data for Private Duty Nursing services; ie. skilled Nursing or Nursing Assistant Services.

Beginning Census	0	*
Admissions	0	*
Discharges	0	*
Ending Census	0	Calc Ending Census

Section II: Number of Patients Served by Age Group by County:

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who received Skilled Nursing or Nursing Assistant services during the reporting period. The total patients served should not be greater than the beginning census + admissions.

Age Groups	Private Duty Nursing	
Ages <1	0	*
Ages 1-5	0	*
Ages 6-14	0	*
Ages 15-20	0	*
Ages 21-32	0	*
Ages 33-44	0	*
Ages 45-64	0	*
Ages 65-74	0	*
Ages 75-84	0	*
Ages 85+	0	*
Total Patients Served	0	Calc Tot Served

Section III: Private Duty Nursing Services

Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

	Patient Served		Number of Units	
RN	0	*	0	*
LPN	0	*	0	*
NA	0	*	0	*
Totals	0		0	Calc Tot Served

Section IV: Comment

You've entered 0 characters of 1000

Save Finished Delete

Private Duty Nursing Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

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Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
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~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
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~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Long Term Care

Kentucky Health Survey Registry

Welcome

Good morning!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *

Password: *

Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
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Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: 275 East Main St *
Street 2:
City: Frankfort *
State: KY *
Zip: 40601 *-
County: FRANKLIN * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
2013		Ambulatory Surgery II		Print Ambulatory Surgery II
2013		Home Health II		Print Home Health II
2013		Hospice		Print Hospice
2013		Hospital		Print Hospital
2013		Long Term Care		Print Long Term Care
2013		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2013		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2013		Positron Emission Tomography		Print Positron Emission Tomography
2013		Private Duty Nursing		Print Private Duty Nursing
2013		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
2012		Ambulatory Surgery II		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: LTC
Survey Year: 2013

Respondent First Name:
Respondent Last Name:
Respondent Phone:
Respondent eMail:
Administrator First Name:
Administrator Last Name:
Administrator Phone:
Administrator eMail:

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Long Term Care

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

INTRODUCTION: The Kentucky Annual Survey of Long Term Care Services is required to be completed and submitted via the Internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~ (SRVYR+1). All survey extension requests must be approved by the Office of Health Policy.

The Office of Health Policy has established clear policies and guidelines regarding changes, after the survey deadline, to data that has been submitted. Those policies are set forth in 900 KAR 6:125.

The Office of Health Policy is responsible for the development of the Kentucky Annual Survey of Long-Term Care Facilities, in which all licensed long-term care facilities are required to complete. This survey is for the period January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR) only.

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY. If there is anything that you do not understand, please contact Beth Morris at BethA.Morris@ky.gov or Allison Lile at Allison.Lile@ky.gov. Both can be reached at (502) 564-9592. After you fill out the survey, review it thoroughly. Please retain a copy of the completed survey for your files.

Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Health Policy. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Footnote any bed changes from the last survey period as compared to previous survey periods. When a discrepancy is noticed between two surveys, we must call you to determine the cause of the difference. This will cut back on the number of callbacks we make to you,

Data must be reported in the manner required. Any survey found to have errors or omissions may be returned directly to the administrator of your facility. The survey is to be completed and resubmitted immediately. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General (OIG) for a possible licensure deficiency. Your facility will be considered out of compliance until you have reported completed and correct data.

Continue

Contact Information

Beth Morris and Allison Lile
Office of Health Policy
Cabinet for Health and Family Services
(502)564-9592
BethA.Morris@ky.gov

(SRVYR) ~~2013~~ Long Term Care Survey

Resident Activity

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Enter the total number of admissions, discharges, and deaths for the twelve month period (January 1 - December 31) for each level of care for which your facility was licensed. (New: Only the bed types your facility is licensed for will be available for you to enter data below.).
- Enter the Ending Census(total number of residents in your facility as of Midnight, December 31) for each level of care.
- Verify the ending census by making the following check: Beginning Census + Admissions - Discharges - Deaths = Ending Census.
- Enter the total patient days for each level of care. (Note: Total Patient Days should not exceed Potential Patient days.)
- Enter the Potential Patient Days for each level of care
  - If your facility was open for the entire ~~2013~~ (SRVYR) year ~~AND~~ and you did not have a change in the number or type of beds: Potential Patient Days = # licensed beds X 365 for each bed type.
  - If your facility was not in operation for the entire year or had a bed change during the year, calculate and enter your Potential Patient Days as the total number of days each bed type was operational. In this case please note the difference, in the comment section below.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Health Policy. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Resident Activity

Level of Care	Lic Beds	Beg. Census	Admis-sions	Dis- charges (Excluding Deaths)	Deaths	Ending Census	Total Patient Days	Potential Patient Days
Alzheimer Facility	0	0	0	0	0	0	0	0
Nursing Facility	0	0	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0	0	0
ICF/~~MR~~ IID	0	0	0	0	0	0	0	0
Nursing Home (CCRC)	0	0	0	0	0	0	0	0
Nursing Home (Non-CCRC)	0	0	0	0	0	0	0	0
Personal Care	0	0	0	0	0	0	0	0

Comment

You've entered 0 characters of 255

Validate Table | Save

SKVYR ~~2013~~ Long Term Care Survey

Payor Source

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Please enter the number of patient days by primary payor source for each level of care.
- Total Patient Days (the last column) is pulled from Section I and should equal the total from all Payor Sources for each bed type.
- If the last column, Total Patient Days, shows a zero for your bed types, return to Section I to enter that number and save your data again.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Health Policy. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Payor Source

Level of Care	Medicare	Medicaid	Private	Other	Total Patient Days
Alzheimer Facility	0	0	0	0	0
Nursing Facility	0	0	0	0	0
Intermediate Care	0	0	0	0	0
ICF/~~MR~~ IID	0	0	0	0	0
Nursing Home (CCRC)	0	0	0	0	0
Nursing Home (Non-CCRC)	0	0	0	0	0
Personal Care	0	0	0	0	0

Comment

You've entered 0 characters of 255

Save

(SRVYR) ~~2013~~ Long Term Care Survey

Resident Census by Age Group

INSTRUCTIONS:

- Please report the number of patients who were in your facility as of midnight, December 31, ~~2013~~, (SRVYR)
- Report only the level of care a patient is receiving at that time.
- Report age as of the last known birthday of the patient, regardless of how close a patient may be to an upcoming birthday. For example, if a Nursing Facility patient is 74 on December 31, ~~2013~~ (SRVYR) and is expected to turn 75 on January 3, ~~2014~~, (SRVYR+1) report that patient in the 65 - 74 column and Nursing Facility row.
- ~~The Total (last column) is pulled from Ending Census in Section I and should equal the sum from all Age Groups for each bed type.~~
- The Total (last column) is pulled from Ending Census in Section I and should equal the sum from all Age Groups for each bed type.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Health Policy. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Resident Census by Age Group

Level of Care	Under 65	65-74	75-84	85 and Older	Unknown	Total
Alzheimer Facility	0	0	0	0	0	0
Nursing Facility	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0
ICF/~~MR~~ IID	0	0	0	0	0	0
Nursing Home (CCRC)	0	0	0	0	0	0
Nursing Home (Non-CCRC)	0	0	0	0	0	0
Personal Care	0	0	0	0	0	0

Comment

You've entered 0 characters of 255

Save

(SRVYR) ~~2013~~ Long Term Care Survey

Resident Census by Death Group

INSTRUCTIONS:

- Please report the number of patients in your facility who passed away as of midnight, December 31, ~~2013~~. (SRVYR)
- Report only the level of care a patient was receiving at that time of their passing.
- Report age as of the last known birthday of the patient, regardless of how close a patient may have been to an upcoming birthday. For example, if a Nursing Facility patient was 74 at the time of their passing, but was expected to turn 75 a few days later, report that patient in the 65 - 74 column and the Nursing Facility row.
- The Total (last column) is pulled from the Deaths column in Section I and should equal the sum from all Age Groups for each bed type.
- If the last column, Total, shows a zero for your bed types, but you did have a death during ~~2013~~ (SRVYR) return to Section I to enter the number of deaths in the Deaths column and save your data again.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Health Policy. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Resident Census by Death Group

Level of Care	Under 65	65-74	75-84	85 and Older	Unknown	Total
Alzheimer Facility	0	0	0	0	0	0
Nursing Facility	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0
ICF/~~MR~~ (IID)	0	0	0	0	0	0
Nursing Home (CCRC)	0	0	0	0	0	0
Nursing Home (Non-CCRC)	0	0	0	0	0	0
Personal Care	0	0	0	0	0	0

Comment

You've entered 0 characters of 255

Save

(SRVYR) ~~2013~~ Long Term Care Survey

Patient Origin for Nursing Facilities

INSTRUCTIONS:
In order to collect data on Patient Origin for Long Term Care Facilities, the Office of Health Policy Request the following information.

- Please provide the number and county of origin (county in which the patient resided before entering your facility) for all Nursing Facility, Intermediate Care & Nursing Home patients in your facility as of the midnight census on December 31, ~~2013~~. (SRVYR)
- Select your first county from the drop down box, enter the total patients for each age group and click save. Repeat this for all other counties from which your facility's patients originated.

NOTE: Do Not Include (CCRC) Nursing Home Beds, ICF/MR or Personal Care patients in this section.

Patient Origin

County / State	Under 65	65-74	75-84	85 and Older	UnKnown	Total of Patients	
Total	0	0	0	0	0	0	

Patient Origin Data

County / State *
Under 65 0
65-74 0
75-84 0
85 and Older 0
Unknown 0

Comment

You've entered 0 characters of 255

Save Continue

Long Term Care Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Magnetic Resonance Imaging

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *

Password: *

Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Home Health II	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required If KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		Ambulatory Surgery II		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: MRI
Survey Year: 2013

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Magnetic Resonance Imaging

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR).

INTRODUCTION: The Kentucky Annual Survey and Registry of MRI Equipment is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~ (SRVYR+1).

"Submission and completion of the MRI Survey is now voluntary for Exempt MRI facilities. This applies only to those facilities that have ID numbers beginning with EX0."

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General for a possible licensure deficiency. Retain a copy of the completed survey for your files.

All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data are set forth in 900 KAR 6:125.

Each year the MRI Registry of Equipment must be updated to include the current make, model and serial number for each MRI. The survey portion should include the number of MRI procdures performed and the number of patients served. The survey also asks if the equipment is freestanding, mobile or hospital based. This information is based on who holds the CON to provide the service. Example: If a hospital holds the CON, but uses a relocatable unit, the equipment is considered hospital based not mobile. The mobile provider page should only be completed by mobiles MRI's that hold the CON to provide the service. Exempt MRI's that service multiple locations should list those on the mobile provider page.

If there are any questions concerning the preparation of this survey, please contact Beth Morris at (502) 564-9592 or email BethA.Morris@ky.gov.

Continue

Contact Information

Beth A. Morris
Office of Health Policy
Cabinet for Health and Family Services
(502) 564-9592 x 3156
BethA.Morris@ky.gov

Equipment

Identification #: 000100

Survey: MRI

Equipment List

		Make	Model	Serial #	
Edit					Delete
	Add				

Complete equipment list above and then click Add button to save data. Once list has been saved click Finished Equipment Entry to move on.

Finished Equipment Entry

SRVYR) ~~2013~~ Certificate of Need Approved MRI Registry Data

MRI Service Section

License Number: 000100 Agency: Example Facility

If less than twelve (12) months of operation, give beginning and ending date(s) in the comment box.

Total MRI Procedures:

Mobile: 0

Fixed: 0

Total: 0

Total MRI Patients:

Mobile: 0

Fixed: 0

Total: 0

Total number of hours per week facility was operational: 0

Check Service Type: ○ Freestanding ◉ Mobile ○ Hospital

(Please check box according to who holds the CON. Example: a hospital that uses a relocatable unit, but holds the CON is a hospital based, not mobile.)

If service was provided by a licensed mobile health service give name of provider:

Number of devices stationed on site:

Mobile: 0

Fixed: 0

Total: 0

Comment

You've entered 0 characters of 255

Save Continue

(SRVYR) ~~2013~~ Magnetic Resonance Imaging Survey

Mobile MRI Services Section

License Number: 000100 Agency: Example Facility

**** Page to be completed by mobile units that hold the CON to provide the service.***
Mobile units must submit a separate line below for each county and facility served.
*Number of hours is per week each unit provides service to that facility.

Facility Served by Mobile MRI Units

	County	Facility Served	Procedures	Units on Site	Hours Per Week*	Patients Served	
Edit			0	0	0	0	Delete

County
Facility Served *
Procedures 0
Units On Site 0
Hours Per Wk* 0
Patients Served 0

***Do not press the finished button until you have saved your data. Press Add/Save after each new entry. Press Update to save changes for edited item.**

Save Finished

Magnetic Resonance Imaging Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *

Password: *

Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

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Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
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Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
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Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

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~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: MEG
Survey Year: 2015

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Megavoltage Radiation (Linear Accelerator)

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

PREFACE: It has come to our attention that reporting errors with respect to the performance of megavoltage radiation therapy services in Kentucky were made in prior years. This appears to have been the result of several factors including: confusion surrounding what constitutes a reportable "procedure;" the introduction of new treatment planning systems; advances in technology associated with the delivery and recording of clinical data; and/or personnel changes at several Kentucky facilities at which such services are provided. While such mistakes were unintended, it is imperative that the utilization figures produced and relied on by the Office of Health Policy be complete and accurate. This is especially true in light of the recent modifications to the review criteria contained in the State Health Plan regarding the establishment of megavoltage radiation therapy services.

Consequently, we remind you that for purposes of the Service Report you will complete for the period of January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR), that a "procedure" was defined as "radiation treatment of a single anatomical site." Please note that this is different from recording the number of fields involved and/or the number of patients treated.

INTRODUCTION: The Kentucky Annual Survey of Megavoltage Radiation Services is required to be completed and submitted via the Internet. The printable version of the survey is only for your convenience in completing the survey. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014.~~ (SRVYR+1)

All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data are set forth in 900 KAR 6:125.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General for a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Beth Morris at (502) 564-9592 or email BethA.Morris@ky.gov.

Continue

Contact Information

Beth A. Morris
Office of Health Policy
Cabinet for Health and Family Services
(502) 564-9592 x 3156
BethA.Morris@ky.gov

(SRVYR) ~~2013~~ Megavoltage Radiation (Linear Accelerator) Survey

MEG Section

Identification #: 000100
Facility: Example Facility

Procedure - the radiation treatment of a single anatomical site. Please note that an anatomical site is different from recording the number of fields involved and/or the number of patients.

Simulation - defines location and length/width of field on patient for treatment. Only count those simulations that are performed on the linear accelerator equipment in the gate of the machine for the question asking simulations on a linear accelerator.

Total Hours of Radiation - total actual hours devoted to patients in treatments and simulations; will be used to compute "patient visit equivalents".

If less than twelve (12) months of operation, give beginning and ending date(s) in comment box.

Total Linear Accelerator Procedures: [ ] *

Total Simulations Performed on a Linear Accelerator: [ ] *
Total Patients Served: [ ] *
Total Simulations performed on a CT: [ ] *
Total Simulations performed on another device: [ ] *
(Note type of device in comments)

Total number of hours per week facility was operational: [ ] *

Check Service Type: ○ Freestanding ○ Hospital *

Number of devices stationed on site: [ ] *

Comment: [ ]
You've entered 0 characters of 255

Save Finished

Megavoltage Radiation (Linear Accelerator) Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Psychiatric Residential Treatment Facility

Kentucky Health Survey Registry

Welcome

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License/Exempt #: *

Password: *

Re-enter Password: *

Search

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Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

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Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
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Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
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~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
2013		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: PRTF
Survey Year: 2013

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Psychiatric Residential Treatment Facility

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013~~ (SRVYR).

PLEASE READ THIS PAGE CAREFULLY BEFORE BEGINNING

The Office of Health Policy in the Kentucky Cabinet for Health and Family Services is responsible for the development of the Kentucky Annual Psychiatric Residential Treatment Facility (PRTF) Services Report. This survey is for the period January 1, 2013 through December 31, ~~2013~~ (SRVYR).

The Office of Health Policy has established clear policies and guidelines regarding changes, after the survey deadline, to data that has been submitted, Those policies are set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~ (SRVYR+1)

Any changes in the services provided from the last survey period should be footnoted. When a discrepancy in services is noticed between surveys, the cause must be determined. There will be space provided on the web site to explain any changes in service. Any survey found to have errors or omissions will not be considered complete and will not be considered submitted by the deadline.

Psychiatric residential treatment facility (PRTF) has two levels of treatment. Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503. Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and rehabilitation to persons who:

1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility;

2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or development disability; and

do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment.

Continue

Contact Information

Beth Morris
Office of Health Policy
Cabinet for Health and Family Services
(502)564-9592 x 3156
BethA.Morris@ky.gov

(SRVYR)

~~2013~~ Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Admission – Patients admitted from January 1 through December 31, including readmits.
- Inpatient Days – Number of days of care for all patients serviced during the reporting period.
- Discharges – Patients discharged from January 1 through December 31. Patients on leave where there is a bed hold, should not be counted as a readmission or discharge during reporting period.
- Discharge Days – Sum of the Length of Stay (LOS) of those discharged.
- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31, or when they were discharged. Data is by age of patient not program patient is being treated in. All of the patient days go with the child when they change age groups.

Psychiatric Residential Treatment Facility Utilization

Service Type	Beds in Operation	Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
~~A. Level I~~ 1. Ages(6-11 years)	0	0	0	0	0
2. Ages(12-16 years)	0	0	0	0	0
3. Ages(17-21 years)	0	0	0	0	0
A. Level I Total	0	0	0	0	0
~~B. Level II~~ 1. Ages(4-5 years)	0	0	0	0	0
2. Ages(6-11 years)	0	0	0	0	0
3. Ages(12-16 years)	0	0	0	0	0
4. Ages(17-21 years)	0	0	0	0	0
B. Level II Total	0	0	0	0	0

What specialty programs does this facility provide and what age groups does it cover? Please list all in the text box below.

You've entered 0 characters of 500

Save Continue

(SRVYR) ~~2013~~ Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Discharge – Is the discharge status of the patient at the time of discharge. Patients on leave where there is a bed hold should not be counted as a readmission or discharge.
- Discharge to Level I or II – If patient is transferred within the same facility to another level of care or to another facility.
- Discharge *SLC - Support for Community Living Home.
- Discharges should match previous page line by line.

Psychiatric Residential Treatment Facility Utilization

Service Type	Discharged Home or Foster Care	Discharged Juvenile Treatment Center	Discharged *SLC Home	Discharged Residential or Group Home	Discharged Psychiatric Hospital	Discharged Acute Care Hospital	Discharged to Level I	Discharged to Level II
A. Level I								
1. Ages (6-11 years)	0	0	0	0	0	0	0	0
2. Ages (12-16 years)	0	0	0	0	0	0	0	0
3. Ages (17-21 years)	0	0	0	0	0	0	0	0
A. Level I Total	0	0	0	0	0	0	0	0
B. Level II								
1. Ages (4-5 years)	0	0	0	0	0	0	0	0
2. Ages (6-11 years)	0	0	0	0	0	0	0	0
3. Ages (12-16 years)	0	0	0	0	0	0	0	0
4. Ages (17-21 years)	0	0	0	0	0	0	0	0
B. Level II Total	0	0	0	0	0	0	0	0

If patient discharged other than the above, then give the number and explain below.

You've entered 0 characters of 500

Save Continue

(SRNR) ~~2013~~ Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Readmit – Patient that is readmitted from this facility or any other PRTF. Data should be collected at the time of intake. Readmit data would not include initial admission to a PRTF. Do not include patients coming back from a bed hold.

Psychiatric Residential Treatment Facility Utilization

Service Type	Readmit to Level I 0-3 Months	Readmit to Level I 4-6 Months	Readmit to Level I 7-9 Months	Readmit to Level I 10-12 Months	Readmit to Level II 0-3 Months	Readmit to Level II 4-6 Months	Readmit to Level II 7-9 Months	Readmit to Level II 10-12 Months
A. Level I								
1. Ages (6-11 years)	0	0	0	0	0	0	0	0
2. Ages (12-16 years)	0	0	0	0	0	0	0	0
3. Ages (17-21 years)	0	0	0	0	0	0	0	0
A. Level I Total	0	0	0	0	0	0	0	0
B. Level II								
1. Ages (4-5 years)	0	0	0	0	0	0	0	0
2. Ages (6-11 years)	0	0	0	0	0	0	0	0
3. Ages (12-16 years)	0	0	0	0	0	0	0	0
4. Ages (17-21 years)	0	0	0	0	0	0	0	0
B. Level II Total	0	0	0	0	0	0	0	0

Save Continue

(SRVYR) ~~2013~~ Psychiatric Residential Treatment Facility Survey

Instructions Census Data

Identification #: 000100
Facility: Example Facility

CENSUS AND LICENSURE DATA FOR PRTF

		Level I	Level II
Census as of Midnight,	December 31, ~~2012~~ (SRVYR-1)	0	0
	December 31, ~~2013~~ (SRVYR)	0	0

Beds Licensure Category

Licensure Category	Number of Licensed Beds Jan 1, ~~2014~~ (SRVYR+1) (Reported to us from Licensing & Regulation)	Number of Licensed Beds Jan 1, ~~2013~~ (SRVYR)	Number of Licensed Beds Dec 31, ~~2013~~ (SRVYR)
i. Level I		0	0
ii. Level II		0	0

If number of licensed beds changed between the first day of the reporting period and the last day of the reporting period, please give date and type of change by category.

Comment

You've entered 0 characters of 500

Save Continue

(SRVYR) ~~2013~~ Psychiatric Residential Treatment Facility Survey

Patient Origin for PRTF Data

INSTRUCTIONS:

- Please provide the number, county of origin (county in which the patient resided before entering your facility) and age group for all Level I and Level II patients in your facility **at the midnight census on December 31,** ~~**2013.**~~ (SRVYR).
- Enter your first county, then add up the number of patients, from your ending census, who came from that county and enter the total patients for each age group. Repeat this for all other counties from which your facility's patients originated. If a patient comes from another state, then indicate a state rather than a county.

Patient Origin

County / State	Ages (4-5 years)	Ages (6-11 years)	Ages (12-16 years)	Ages (17-21 years)	Total Males	Total Females	County Total	
	0	0	0	0	0	0	0	Delete

Patient Origin Data

County / State *

Ages(4-5 years) 0

Ages (6-11 years) 0

Ages (12-16 years) 0

Ages (17-21 years) 0

Total Males 0

Total Females 0

Comment

You've entered 0 characters of 255

Save Continue

Psychiatric Residential Treatment Facility Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Policy so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State | Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
~~2013~~	Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~	Home Health II		Print Home Health II
~~2013~~	Hospice		Print Hospice
~~2013~~	Hospital		Print Hospital
~~2013~~	Long Term Care		Print Long Term Care
~~2013~~	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~	Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~	Private Duty Nursing		Print Private Duty Nursing
~~2013~~	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

(SRVYR) ~~2013~~ Positron Emission Tomography

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

License/Exempt #: *
Password: *
Re-enter Password: *

Search

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
Office of Health Policy
Health Policy Planning and Development

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Home Health II	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Hospice	Sheena R. Eckley	(502)564-9592 x 3153	sheena.eckley@ky.gov
Hospital	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Long Term Care	Beth Morris and Allison Lile	(502)564-9592	BethA.Morris@ky.gov
Megavoltage Radiation (Linear Accelerator)	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Magnetic Resonance Imaging	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Private Duty Nursing	Sheena R. Eckley	502-564-9592 x 3153	sheena.eckley@ky.gov
Positron Emission Tomography	Beth A. Morris	(502) 564-9592 x 3156	BethA.Morris@ky.gov
Psychiatric Residential Treatment Facility	Beth Morris	(502)564-9592 x 3156	BethA.Morris@ky.gov

OHP Survey Registration

Registration Information

License/Exempt #: 000100
Facility: Example Facility
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: * Required if KY address
Save

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Policy at (502) 564-9592. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 15.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
~~2013~~		Ambulatory Surgery II		Print Ambulatory Surgery II
~~2013~~		Home Health II		Print Home Health II
~~2013~~		Hospice		Print Hospice
~~2013~~		Hospital		Print Hospital
~~2013~~		Long Term Care		Print Long Term Care
~~2013~~		Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
~~2013~~		Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
~~2013~~		Positron Emission Tomography		Print Positron Emission Tomography
~~2013~~		Private Duty Nursing		Print Private Duty Nursing
~~2013~~		Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility

Available Survey(s) for Prior Survey Year(s)

Facility's Survey(s)

Year	Complete Date	Survey	Equipment	Download Survey
~~2012~~		~~Ambulatory Surgery II~~		

OHP Survey Registration

Respondent Information

Identification #: 000100
Facility: Example Facility
Survey: PET
Survey Year: 2013

Respondent First Name: *
Respondent Last Name: *
Respondent Phone: *
Respondent eMail: *
Administrator First Name: *
Administrator Last Name: *
Administrator Phone: *
Administrator eMail: *

Save Continue

(SRVYR) ~~2013~~ Instructions for Survey

Positron Emission Tomography

This survey is for the reporting period: January 1, ~~2013~~ (SRVYR) through December 31, ~~2013.~~ (SRVYR)

INTRODUCTION: The Kentucky Annual Survey of Positron Emission Tomography Services is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. Paper copies are not accepted by the Office of Health Policy. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, ~~2014~~.(SRVYR+1)

All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data are set forth in 900 KAR 6:125.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General for a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Beth Morris in the Office of Health Policy at (502) 564-9592 or BethA.Morris@ky.gov.

Continue

Contact Information

Beth A. Morris
Office of Health Policy
Cabinet for Health and Family Services
(502) 564-9592 x 3156
BethA.Morris@ky.gov

(SRVYR) ~~2013~~ Positron Emission Tomography Survey

PET Service Section

Identification #: 000100
Facility: Example Facility

Definition: Positron Emission Tomography (PET) - Positrons are positively charged electrons that are produced spontaneously as certain radioactive substances (for example, radioactive glucose) decompose. These radioactive substances, or tracers, are created in special facilities called medical cyclotrons. The type of tracer used for a particular PET scan varies, based on the medical condition for which a patient is being tested. The tracers have very short half-lives, which means that they decay rapidly into non-radioactive form. Thus, radioactive material is inside the patient for only a very short time, and the total dose of radiation is equal to and sometimes even less than many other kinds of X-ray procedures. A tomograph is and imaging device, or camera, that obtains sectional views through a patient's body. PET scans combine Nuclear Scanning with chemical analysis to enable physicians to observe how organs work. During a PET scan, a radioactive material is introduced into the patient's body (usually by injection), and is detected by a sophisticated camera.

If less than twelve (12) months of operation, give beginning and ending date(s) in the comment box. Hospitals and SMTS providing services under their CON or License should report all utilization as Fixed, including relocatable units.

Total PET Procedures:
Mobile: 0
Fixed: 0
Total: 0

Total PET Patients:
Mobile: 0
Fixed: 0
Total: 0

Total number of hours per week facility was operational: 0

Check Service Type: ○ Freestanding ◉ Mobile ○ Hospital
(Please check box according to who holds the CON. example: a hospital that hold the CON but uses a mobile should check hospital.)
Hospitals and SMTS providing services under their CON or License should report all utilization as Fixed, including relocatable units.

If service was provided by a licensed mobile health service give name of provider:

Number of devices stationed on site:
Hospitals and SMTS providing services under their CON or License should report all utilization as Fixed, including relocatable units.

Mobile: 0
Fixed: 0
Total: 0
Comment

You've entered 0 characters of 255

Save Continue

SRVVR ~~2013~~ Positron Emission Tomography Survey

Mobile Positron Emission Tomography Services Section

**** Page to be completed by mobile units that hold the CON to provide the service.***
Mobile units must submit a separate line below for each county and facility served.
*Number of hours is per week each unit provides service to that facility.

Facility Served by Mobile PET Units

	County	Facility Served	Procedures	Units on Site	Hours Per Week*	Patients Served	
Edit			0	0	0	0	Delete

County
Facility Served *
 # Procedures 0
 # Units On Site 0
 # Hours Per Wk* 0
 # Patients Served 0

***Do not press the finished button until you have saved your data. Press Add/Save after each new entry. Press Update to save changes for edited item.**

Save Finished

Positron Emission Tomography Survey for ~~2013~~ (SRVYR)

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Example Facility, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 902 KAR 20:008 and 900 KAR 6:125.

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Administrator Name:
Original Completion Date:

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Incomplete Survey(s)

Facility's Survey(s)

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